

<b>SCC eFile</b>	<b>2014 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION</b>	<b>214536821</b>			
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>1.) CORPORATION NAME: <b>JEWISH FOUNDATION FOR GROUP HOMES, INC.</b></p> <p>2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: <b>HONEY W NASHMAN 3609 RIDGEWAY TERRACE FALLS CHURCH, VA</b></p> <p>3.) CITY OR COUNTY OF VA REGISTERED OFFICE: <b>FAIRFAX COUNTY</b></p> <p>4.) STATE OR COUNTRY OF INCORPORATION: <b>MD</b></p> </div> <div style="width: 35%;"> <p>DUE DATE: <b>7/31/2014</b></p> <p>SCC ID NO: <b>F1302555</b></p> <p>5.) STOCK INFORMATION</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> </table> </div> </div>			CLASS	AUTHORIZED	
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<p>6.) PRINCIPAL OFFICE ADDRESS:</p> <p style="text-align: center;">ADDRESS: 1500 EAST JEFFERSON ST</p> <p style="text-align: center;">CITY/ST/ZIP: ROCKVILLE, MD 20852</p>					
<p>7.) DIRECTORS AND PRINCIPAL OFFICERS:      All directors and principal officers must be listed. An individual may be designated as both a director and an officer.</p>					
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: JENNIFER M FISHER  TITLE: PRESIDENT  ADDRESS: 9411 MONROE ST  CITY/ST/ZIP/CO: SILVER SPRING, MD 20910 </td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 40%; text-align: center; vertical-align: middle;"> OFFICER      <input checked="" type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: JENNIFER M FISHER TITLE: PRESIDENT ADDRESS: 9411 MONROE ST CITY/ST/ZIP/CO: SILVER SPRING, MD 20910	<input checked="" type="checkbox"/>	OFFICER <input checked="" type="checkbox"/> DIRECTOR
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NAME: LEONARD BEBCHICK TITLE: TREASURER ADDRESS: 6321 LENOX ROAD CITY/ST/ZIP/CO: BETHESDA, MD 20817	<input checked="" type="checkbox"/>	OFFICER <input checked="" type="checkbox"/> DIRECTOR			

NAME:	H MARK RABIN	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	ASST TREASURER		
ADDRESS:	5114 WESSLING LANE		
CITY/ST/ZIP/CO:	BETHESDA, MD 20814		
NAME:	DERRICK BUTTS	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	AT LARGE		
ADDRESS:	2422 LAURELWOOD TERRACE		
CITY/ST/ZIP/CO:	SILVER SPRING, MD 20905		
NAME:	GILBERT GELDON	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	AT LARGE		
ADDRESS:	7309 HONEYWELL COURT		
CITY/ST/ZIP/CO:	BETHESDA, MD 20814		
NAME:	CAROL WEST	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	AT LARGE		
ADDRESS:	7908 CRESTDALE DRIVE		
CITY/ST/ZIP/CO:	POTOMAC, MD 20854		
NAME:	DEBORAH ASTROVE	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	10 OVER RIDGE COURT		
CITY/ST/ZIP/CO:	POTOMAC, MD 20854		
NAME:	HONEY NASHMAN	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	OFFICER		
ADDRESS:	3609 RIDGEWAY TERRACE		
CITY/ST/ZIP/CO:	FALLS CHURCH, VA 22044		
NAME:	LISA REINER COHEN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	9220 POTOMAC SCHOOL DRIVE		
CITY/ST/ZIP/CO:	POTOMAC, MD 20854-0004		
NAME:	JOHN KING, JR.	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	12143 STIRRUP ROAD		
CITY/ST/ZIP/CO:	RESTON, VA 20191		
NAME:	VIVIAN WATKINS	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	9521 ORION COURT		
CITY/ST/ZIP/CO:	BURKE, VA 22015		
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
/s/ HONEY NASHMAN	HONEY NASHMAN, OFFICER	7/24/2014	
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.			